

Crosswalk Management System

Report	REPORT CROSSWALK TO STATE
Filename	Acrobat PDFWriter
Run by	CWMS
Report Date	14-AUG-01 09:00

Crosswalk Report

CWMS

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Status : FN Substance Abuse and Mental Health Services Administration

Media ID : DHMH4050

Office of Applied Studies

Start Date : 01-JAN-90

End Date :

Follow-up :

Maryland's Treatment Episode Data Set

Version : 1

K = Key Field

System

Maryland

Item

Item

No. Treatment Episode Data Set

Value

State System Data

1	System Transaction Type	-	System Transaction Type Added To Each Record
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C Change

D Delete

A Add

K 2	State Code	MD	FIPS Code Added To Each Record
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3	Reporting Date	-	Month and Year of Submission Added To Each Record
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Minimum

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Item

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No. Treatment Episode Data Set

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State System Data

K 1	Provider ID	1	Clinic ID
K 2	Client ID	2	Client ID
K 3	Co-Dependent/Collateral at Admission	-	-
	1 Yes		1 Yes
	2 No		2 No
K 4	Client Transaction Type	6	Transaction Type
	A Initial Admission		1 First Admission to this Clinic
	A Initial Admission		2 Readmission to this Clinic
	T Transfer/Change in Service		3 Change in Service within Episode
K 5	Date of Admission	4	Date of Admission
6	Number of Prior Treatments	7	Number of Prior Admissions
	0 0		0 0
	1 1		1 1
	2 2		2 2
	3 3		3 3
	4 4		4 4
	5 Or More		5-98 5-98

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No.	Treatment Episode Data Set	Item	Value	State System Data
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7 Principal Source of Referral

8 Source of Referral

07	Court/Criminal Justice/DUI/DWI	01	Juvenile Services
07	Court/Criminal Justice/DUI/DWI	02	TASC (Treatment Alternatives to Street Crime)
07	Court/Criminal Justice/DUI/DWI	03	DWI/DUI Related Referrals
07	Court/Criminal Justice/DUI/DWI	04	Preconviction (Other than DWI/DUI)
07	Court/Criminal Justice/DUI/DWI	05	Federal/State/County Probation
07	Court/Criminal Justice/DUI/DWI	06	Federal/State/County Parole
07	Court/Criminal Justice/DUI/DWI	07	Other Non-Voluntary
01	Individual (self)	08	Individual (Including Self Referral)
02	Alcohol/Drug Abuse Provider	09	Alcohol/Drug Abuse Care Provider
03	Other Health Care Provider	10	Other Health Care Provider
04	School (education)	11	School (Educational)
05	Employer/EAP	12	Employer/EAP
06	Other Community Referral	13	Other Community Referral

8 Date of Birth

12 Date of Birth

9 Sex

9 Sex

1	Male	1	Male
2	Female	2	Female

10 Race

10 Race

05	White	1	White
04	Black	2	Black
03	Asian or Pacific Islander	3	Asian or Pacific Islander
01	Alaskan Native	4	Alaskan Native
02	American Indian	5	American Indian
20	Other	6	Other
13	Asian		
23	Native Hawaiians or Other Pacific Islanders		

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Item		Item	Value	State System Data
No.	Treatment Episode Data Set			
11	Ethnicity	11	Ethnicity	
01	Puerto Rican	1	Puerto Rican	
02	Mexican	2	Mexican	
03	Cuban	3	Cuban	
04	Other Hispanic	4	Other Hispanic	
05	Not of Hispanic Origin	5	Not of Hispanic Origin	
12	Education	16	Highest School Grade Completed	
01-25	Highest School Grade in Number of Years (12=GED)	00-20	00-20	
00	Less Than One Grade Completed	00-20	00-20	
13	Employment Status	9	Employment Status	
04	Not in Labor Force	1	Full Time Student (Not Employed)	
02	Part Time	2	Full Time Student (Employed)	
04	Not in Labor Force	3	Full Time Homemaker	
04	Not in Labor Force	4	Retired/Disabled	
03	Unemployed	5	Unemployed (In Skill Development or Training)	
03	Unemployed	6	Unemployed (Seeking Employment/Laid Off)	
03	Unemployed	7	Other Unemployed	
02	Part Time	8	Part Time Employed (Less Than 35 Hours Per Week)	
01	Full Time	9	Full Time Employed (35+ Hours Per Week)	

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Item

Value

State System Data

No. Treatment Episode Data Set

14	Substance Problem Codes	25,30, 35	Primary, Secondary, Tertiary Substance Type
01	None	-	-
01	None	00	None
05	Heroin	01	Heroin
06	Non-Prescription Methadone	02	Non-Prescription Methadone
07	Other Opiates and Synthetics	03	Other Opiates and Synthetics
02	Alcohol	04	Alcohol
15	Barbiturates	05	Barbiturates
16	Other Sedatives or Hypnotics	06	Other Sedatives or Hypnotics
09	Other Hallucinogens	07	Hallucinogens (Other Than PCP)
03	Cocaine, Crack	08	Cocaine/Crack
04	Marijuana, Hashish, THC	09	Marijuana/Hashish
10	Methamphetamines	10	Methamphetamines
11	Other Amphetamines	11	Other Amphetamines
17	Inhalants	12	Inhalants
08	PCP	13	PCP
12	Other Stimulants	14	Other Stimulants
13	Benzodiazepines	15	Benzodiazepine
14	Other Tranquilizers	16	Other Tranquilizers
18	Over-the-Counter	17	Over The Counter
20	Other	18	Other

15	Usual Route of Administration	28,33, 38	Primary, Secondary, Tertiary Route
97	Unknown	-	-
01	Oral	1	Oral
02	Smoking	2	Smoking
03	Inhalation	3	Inhalation
04	Injection (IV or intramuscular)	4	Intramuscular
04	Injection (IV or intramuscular)	5	Intravenous
20	Other	6	Other

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No.	Treatment Episode Data Set	Value	State System Data
16	Frequency of Use	27,32, 37	Primary, Secondary, Tertiary Frequency of Use
01	No past month use	0	No Past Month Use
02	1-3 times in past month	1	1-3 Times Past Month
03	1-2 times per week	2	1-2 Times Per Week
04	3-6 times per week	3	3-6 Times Per Week
05	Daily	4	Daily
05	Daily	5	2-3 Times Daily
05	Daily	6	More Than 3 Times Daily
17	Age of First Use or Alcohol Intoxication	29,34, 39	Primary, Secondary, Tertiary Age of First Use or Intoxication
K 18	Services	5	Service Category in Conjunction with Provider ID Variable
07	Outpatient	1	Methadone Maintenance
07	Outpatient	2	Outpatient
04	Short-term, <=30 days	3	Residential (Depending on Provider ID)
05	Long-term, >30 days	3	Residential (Depending on Provider ID)
07	Outpatient	4	Correctional
02	Free-standing Residential	5	Detoxification (Depending on Provider ID)
06	Intensive Outpatient	6	Intensive Outpatient
19	Use of Methadone Planned as Part of Treatment	-	Use of Methadone Planned
2	No	(5)3	Residential
2	No	(5)4	Correctional
2	No	(5)5	Detoxification
2	No	(5)6	Intensive Outpatient
1	Yes	1	Yes
2	No	2	No

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Optional

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State System Data

1	Detail Drug Code, Primary	-	Not Collected
2	Detail Drug Code, Secondary	-	Not Collected
3	Detail Drug Code, Tertiary	-	Not Collected
4	Substance Abuse Diagnosis Based on DSM III-R Criteria	-	Not Collected
5	Psychiatric Problem in Addition to Alcohol or Drug Problem	23	Documented Psychiatric Problem
7	Unknown	-	-
1	Yes	1	Yes
2	No	2	No
6	Pregnant at Time of Admission	22	Pregnant
7	Unknown	-	-
1	Yes	1	Yes
2	No	2	No
7	Veteran Status	-	Not Collected

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Optional

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No.	Treatment Episode Data Set	Item	Value	State System Data
8	Living Arrangements	20	Living Situation	
03	Independent Living	1	Spouse or Equivalent Only	
03	Independent Living	2	Spouse or Equivalent and Children	
03	Independent Living	3	Children, Not Spouse	
02	Dependent Living	4	Parents	
02	Dependent Living	5	Other Family	
03	Independent Living	6	Roommate or Friends	
02	Dependent Living	7	Institution or Group Facility	
03	Independent Living	8	Alone	
97	Unknown	9	Unknown	
9	Primary Source of Income or Support	19	Primary Source of Income or Support	
01	Wages/Salary	1	Wages/Salary	
02	Public Assistance	2	Public Assistance	
01	Wages/Salary	3	Self-Employed	
03	Retirement/Pension	4	Retirement/Pension	
20	Other	5	Unemployment Compensation	
04	Disability	6	Disability	
20	Other	7	Other	
97	Unknown	8	Refused to Respond	
10	Health Insurance	21	Type of Insurance	
21	None	0	No Health Insurance	
02	Blue Cross/Blue Shield	1	Blue Cross/Blue Shield	
06	Health Maintenance Organization (HMO)	2	HMO	
01	Private Insurance	3	Other Private Health Insurance	
03	Medicare	4	Medicare	
04	Medicaid	5	Medicaid	
20	Other	6	CHAMPUS	
20	Other	7	Other Public Funds For Health	

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Optional

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No.	Treatment Episode Data Set	Item	Value	State System Data
11	Expected Primary Source of Payment for This Treatment Episode	-	Not Collected	
12	Detailed Not in Labor Force	9	Employment Status	
02	Student		1	Full Time Student
01	Homemaker		3	Full Time Homemaker
98	Not Collected		4	Retired/Disabled
13	Detailed Criminal Justice Referral Categories	8	Source of Referral	
03	Probation/Parole		01	Juvenile Services
05	Diversionary Program/TASC		02	TASC
02	Formal Adjudication Process (other than above)		04	Preconviction (Other Than DWI/DUI)
03	Probation/Parole		05	Federal/State/County/Probation
03	Probation/Parole		06	Federal/State/County/Parole
08	Other		07	Other Non-Voluntary
07	DUI/DWI		3	DWI/DUI Related
14	Marital Status	15	Marital Status	
01	Never Married		1	Never Married
02	Now Married or Cohabiting		2	Married
05	Widowed		3	Widowed
04	Divorced		4	Divorced
03	Separated (legally or otherwise absent)		5	Seperated
15	Time Waiting to Enter Treatment	-	Not Collected	

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Discharge

Maryland

Item No.	Treatment Episode Data Set	Item	Value	State System Data
104	Provider ID at Discharge	104	Provider Identifier at Discharge	
105	Client Identifier	105	Client Identifier at Discharge	
106	Co-Dependent/Collateral At Discharge	106	Co-Dependent/Collateral at Discharge	
1	Yes			
2	No			
109	Service at Discharge	109	Service at Discharge	
07	Outpatient	1	Methadone Maintenance	
07	Outpatient	2	Outpatient	
04	Short-Term, <=30 days	3	Residential (Depending on Provider ID)	
05	Long-Term, >30 days	3	Residential (Depending on Provider ID)	
07	Outpatient	4	Correctional	
02	Free-Standing Residential	5	Detoxification (Depending on Provider ID)	
08	Detoxification	5	Detoxification (Depending on Provider ID)	
06	Intensive Outpatient	6	Intensive Outpatient	
03	Hospital (Other than Detox)			
01	Hospital Inpatient			
146	Date of Last Contact	146	Date of Last Contact	
147	Date of Discharge	147	Date of Discharge	

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Discharge

Maryland

Item

Item

No. Treatment Episode Data Set

Value

State System Data

149 Reason for Discharge

- 01 Treatment Complete
- 02 Left Against Professional Advice (Drop Out)
- 03 Terminated by Facility
- 04 Transferred to Another Substance Abuse Treatment Program or Facility
- 05 Incarcerated
- 06 Death
- 07 Other

149 Reason for Discharge

- 01 Treatment Completed
- 02 Left Against Professional Advice (Drop Out)
- 03 Terminated By Facility
- 04 Transferred To Another Substance Abuse Treatment Program or Facility
- 05 Incarcerated
- 06 Death
- 07 Other

Crosswalk Management System

REPORT CROSSWALK TO STATE

End of Report